



## COMMUNITY CENTER USE CONTRACT

217 Main Street Hiram, Georgia 30141  
Ph: 770-943-3726 Fax: 770-439-2372

Officer: Y / N

Scheduled ☐

Posted ☐

Rental Time: \_\_\_\_\_

Rental Date: \_\_\_\_\_

( Must Include Set Up/Clean Up Time)

**ROOM RATE:** Mon – Thurs: 5 hours @ \$100.00 (Minimum Rental)

Fri – Sun & Holidays: 5 hours @ \$175.00 Additional Hour(s) rate: \$17.50 per hour

**DEPOSIT:** A \$100.00 deposit must be paid within two days of making the reservation. The deposit will be applied to the cost of the entire rental period.

**RENTAL FEE:** The balance of the rental fee must be paid no later than *fifteen (15) business days* prior to the reservation date. If you must cancel your reservation, a refund will take place in accordance with the cancellation policy stated in the attached Rules/Regulations.

*\*Please fill in all yellow highlighted areas below.*

**TABLES/CHAIRS:** 10 Tables AND 100 Chairs are included in the rental: \_\_\_\_\_ Chairs

Tables can be any combination of 60 inch round and 8 foot long:

Tables: \_\_\_\_\_ (Round) \_\_\_\_\_ (Long) Additional Tables: \$5.00 @ TOTAL: \$ \_\_\_\_\_

**Type of Event:** \_\_\_\_\_

(Under Age / Alcohol Parties/Events: Please see in attached Rules and Regulations regarding off-duty officer)

**Number of expected attendees:** \_\_\_\_\_ **Time attendees expected to arrive:** \_\_\_\_\_

**Person Reserving the Facility:** \_\_\_\_\_

(Must be at least 21 years of age and a Copy of Driver's License Required)

**Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Email** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Altertnernate Phone** \_\_\_\_\_

The undersigned individual/group agrees to abide by all policies of THE CITY OF HIRAM as stated in the "Rules and Regulations" provided to them and understands that violation of any policy would be cause for the individual or group to be barred from using the facility.

**Lessee Signature** \_\_\_\_\_

City of Hiram Representative Signature \_\_\_\_\_

ALCOHOL: \_\_\_\_\_ NO ALCOHOL: \_\_\_\_\_ NO CONFETTI: \_\_\_\_\_

**Initials**

**Initials**

**Initials**

### FOR OFFICE USE ONLY:

**TOTAL FEE \$** \_\_\_\_\_ **DEPOSIT:** \_\_\_\_\_

\$ \_\_\_\_\_ Paid: Cash / Check # \_\_\_\_\_ Receipt Given: ☐ Date Pd: \_\_\_\_\_

**BALANCE: \$** \_\_\_\_\_ **DUE BY:** \_\_\_\_\_

This deposit must be received in our office by date specified or event can be canceled and deposit will be forfeited.

Paid: Cash / Check # \_\_\_\_\_ Receipt Given: ☐ By: \_\_\_\_\_ Date Pd.: \_\_\_\_\_

CANCELLATION DATE: \_\_\_\_\_ Amount Returned: \_\_\_\_\_